



PATENT
450100-03202

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Masakazu HAYASHI et al.
Serial No. : 09/844,107
Filed : April 27, 2001
For : APPARATUS AND METHOD FOR PROCESSING
INFORMATION, AND PROGRAM AND MEDIUM USED
THEREOF
Examiner : Truc. T. CHUONG
Art Unit : 2174

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAY 25 2004

Technology Center 2100

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	21	Minus	20	1 x	\$18 (9)	= \$18.00
Independent claims	6	Minus	4	2 x	\$86 (43)	= \$172.00
Total additional fee for this amendment						\$190.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ____ month following the expiration of the term originally set therefor. This is a petition to request a one-month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$ 190.00 is attached, which covers the cost of ☒ additional claims ☐ petition for extension of time.
- ☐ Charge \$ ____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on May 18, 2004

Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian
Signature

May 18, 2004

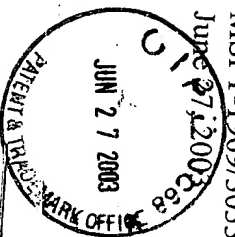
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By:

Samuel H. Megerditchian
Samuel H. Megerditchian
Reg. No. 45,678
Tel: 212-588-0800



BEST AVAILABLE COPY

Paper:
Applicant(s):
Title:
Serial No.:
Filed:
Docket No.:
Date Sent:

RECEIVED BY THE UNITED STATES
PATENT AND TRADEMARK OFFICE
Supplemental Information Disclosure Statement
(in duplicate); w/ Express Mail Label No.: EV
325644185 US, USPTO-1449 (2 pages(s)); 16
reference(s) cited/ 16 references(s) submitted,
check in the amount of \$180.00, return postcard
Paul J. Lucas, et al.
REMOTE SOFTWARE INSTALLATION AND
MAINTENANCE
09/645,014
August 23, 2000
MSFT-1969/303316.1
June 27, 2003
Sent By: BDG/D DeSanto

Paper:
Applicant(s):
Title:
Serial No.:
Filed:
Docket No.:
Date Sent:

RECEIVED BY THE UNITED STATES
PATENT AND TRADEMARK OFFICE
Supplemental Information Disclosure Statement
(in duplicate); w/ Express Mail Label No.: EV
325644185 US, USPTO-1449 (2 pages(s)); 16
reference(s) cited/ 16 references(s) submitted,
check in the amount of \$180.00, return postcard
Paul J. Lucas, et al.
REMOTE SOFTWARE INSTALLATION AND
MAINTENANCE
09/645,014
August 23, 2000
MSFT-1969/303316.1
June 27, 2003
Sent By: BDG/D DeSanto

Customer Copy
Label 11-F June 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 19104	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. Day Year 6 27 03	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 21.05	
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee \$ 0.00	
Weight lbs. 15.2	Int'l Alpha Country Code 025	COD Fee \$ 0.00	Insurance Fee \$ 0.00
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials JSS	Total Postage & Fees \$ 21.05	

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Date	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
Customer Signature			

CUSTOMER USE ONLY
METHOD OF PAYMENT:
Express Mail Corporate Acct. No. X191468

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT) 215 568 3180
PHONE ()
WOODCOCK WASHBURN
1650 MARKET ST FL 46
PHILADELPHIA PA 19103-7336

TO: (PLEASE PRINT) PHONE ()
MAIL STOP DD
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA VA 22313-1450

MSFT-1969/303316.1 BDG/dmd

PRESS HARD.
You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

